

CMC85043-001NS Rev. 2/2021

	1 age 1 of 0
Patient Name:	
Date of Birth:	

Cyclophosphamide (CYTOXAN) v. 2/2021 Infusion Therapy Plan

Baseline Patient Demographic
To be completed by the ordering provider.
Diagnosis: kg Body Surface Area: (m²)
□ NKDA - No Known Drug Allergies □ Allergies:
Therapy Plan orders extend over time (several visits) including recurring treatment. Please specify the following regarding the entire course of therapy: Duration of treatment: weeks months unknown Treatment should begin: as soon as possible (within a week) within the month **Plans must be reviewed / re-ordered at least annually. **
ORDERS TO BE COMPLETED FOR EACH THERAPY
ADMIT ORDERS
☑ Height and weight
☑ Vital signs
Hypotension Defined Admit
☐ Nursing communication
Prior to starting infusion, please determine the patient's threshold for hypotension as defined by the following parameters. This information will be needed in the event of an infusion reaction occurring. Hypotension is defined as follows: 1 month to 1 year - systolic blood pressure (SBP) less than 70 1 year to 11 years - systolic blood pressure (SBP) less than 70 + (2 x age in years) 11 years to 17 years - systolic blood pressure (SBP) less than 90 OR any age - systolic blood pressure (SBP) drop of more than 30% from baseline. Baseline systolic blood pressure (SBP) x 0.7 = value below defined as hypotension.
PREGNANCY TESTS AT DALLAS AND PLANO
Nursing communication Only one pregnancy test is necessary, based on facility capabilities. Please utilize the lab that is available per facility.
Patient requires a pregnancy test (based on organizational policy, female patients over 10 require a pregnancy test)
Pregnancy test, urine - POC STAT, ONE TIME, for females > 10 years old. If positive, do NOT infuse and contact the ordering provider.
Gonadotropin chorionic (HCG) urine
STAT, ONE TIME, unit collect, for females > 10 years old. If positive, do NOT infuse and contact ordering provider.
NURSING ORDERS
Please select all appropriate therapy
IV START NURSING ORDERS
☐ Insert peripheral IV / Access IVAD Place PIV if needed or access IVAD if available



☑ Urinalysis

STAT, ONE TIME, unit collect

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ORDERS TO BE COMPLETED FOR EACH THERAPY

NURSING ORDERS
Please select all appropriate therapy
☐ lidocaine 1% BUFFERED (J-TIP LIDOCAINE)
0.2 mL, INTRADERMAL, PRN
when immediate procedure needed when procedure will take about 1 minute patient / family preference for procedure
Administration Instructions: NOTE: Do not use this medication in patients with bleeding disorders, platelets < 20,000, or in patients taking anticoagulants, when accessing implanted ports or using a vein that will be utilized for chemotherapy administration, nor for pre-term infants or neonates.
☐ lidocaine - prilocaine (EMLA) cream
TOPICAL, PRN
when more than 60 minutes are available before procedure when procedure will take more than 1 hour
patient / family preference for procedure
Administration Instructions: NOTE: In children < 3 months of age, or < 5 kg in weight, maximum application time is 1 hour.
☐ Iidocaine - tetracaine (SYNERA) patch TOPICAL, PRN
\square when 20 - 30 minutes are available before procedure \square when procedure will take more than 1 hour
when anticipated pain is less than 5 mm from skin surface patient / family preference for procedure
☐ Ilidocaine with transparent dressing 4% kit TOPICAL, PRN ☐ when 20 - 30 minutes are available before procedure ☐ when procedure will take more than 1 hour ☐ patient / family preference for procedure
☐ Heparin flush
heparin flush 10 - 50 units, INTRAVENOUS, PRN, IV line flush. Per protocol, heparin should not be used to flush peripheral IVs. This heparin flush should be used with all central lines including IVADs, with the exception of de - accessing the IVAD.
heparin flush 100 - 300 units, INTRAVENOUS, PRN, IV line flush. Per protocol, heparin should not be used to flush peripheral IVs. For use only when de -accessing IVADs.
☐ Sodium chloride flush
Sodium chloride flush 0.9% injection 1 - 20 mL, INTRAVENOUS, PRN, IV line flush
Sodium chloride - preserative free 0.9% injection 1 - 30 mL, INTRAVENOUS, PRN, IV line flush
PRE - PROCEDURE LABS
TIVE - I MODEDONE EADO
☑ Complete Blood Count with Differential INTERVAL: Every visit DURATION: Until discontinued

INTERVAL: Every visit

DURATION: Until discontinued



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OR

RE - PROCEDURE LABS, CONTINUED		
Sedimentation Rate Erythrocyte Routine, ONE TIME, unit collect	INTERVAL: Every visit	DURATION: Until discontinued
✓ Creatinine Routine, ONE TIME, unit collect	INTERVAL: Every visit	DURATION: Until discontinued
Albumin Routine, ONE TIME, unit collect	INTERVAL: Every visit	DURATION: Until discontinued
Complement - Total - CH50 Routine, ONE TIME, unit collect	INTERVAL: Every visit	DURATION: Until discontinued
Complement C3 Routine, ONE TIME, unit collect	INTERVAL: Every visit	DURATION: Until discontinued
☑ Complement C4 STAT, ONE TIME, unit collect	INTERVAL: Every visit	DURATION: Until discontinued
Aspartate Aminotransferase STAT, ONE TIME, unit collect	INTERVAL: Every visit	DURATION: Until discontinued
Alanine Aminotransferase Routine, ONE TIME, unit collect	INTERVAL: Every visit	DURATION: Until discontinued
Protein Urine Routine, ONE TIME, unit collect	INTERVAL: Every visit	DURATION: Until discontinued
▼ Creatinine Urine Routine, ONE TIME, unit collect	INTERVAL: Every visit	DURATION: Until discontinued
▼ Double Stranded DNA Antibody IgG Routine, ONE TIME, unit collect	INTERVAL: Every visit	DURATION: Until discontinued
IV HYDRATION		
IV HYDRATION ☑ Physician Communication Order IVF hydration with D5 1/2 NS to run at 2 - 3 L / m2 / 0	day x 9 hours, maximum rate = 200 mL / hour.	
✓ dex 5% - nacl 0.45% infusion	INTERVAL: Every visit	DURATION: Until discontinue

INTRAVENOUS, CONTINUOUS, 2 - 3 L / m2 / day - *** mL / hour x 9 hours, maximum rate = 200 mL / hour start of IVF is hour 0, begin 1 hour prior to cyclophosphamide pulse Dose: _ _ mL / hour

☑ Nursing Communication

After one hour on IVF, check urine specific gravity. If specific gravity < 1.010, WBC > or = 4,000, ANC > or = 1,500, and urine HCG is negative, proceed with protocol. If urine specific gravity > 1.010, see below orders. If WBC, ANC counts are outside of parameters or urine HCG is positive, notify ordering provider.

✓ Nursing Communication

If specific gravity > 1.010 give NS bolus and continue IVF for 30 minutes and recheck specific gravity, if still > 1.010, repeat NS bolus and continue IVF for 30 minutes and recheck specific gravity. If second specific gravity > 1.010, notify ordering provider for further orders.

☑ sodium chloride 0.9% for fluid bolus infusion 10 mL / kg INTERVAL: PRN **DURATION: Until discontinued** (dosing weight)

10 mL / kg, INTRAVENOUS, PRN, for urine specific gravity > 1.010, administer over 30 minutes. If specific gravity > 1.010, give NS bolus and continue IVF for 30 minutes and recheck specific gravity

Dose:

☑ Nursing communication

Call ordering provider on call for any of the following: Temperature > 38, Heart Rate > 120 or < 50, Respiratory Rate > 32 or < 12, Diastolic Blood Pressure > 90 or < 50, gross hematuria



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ORDERS TO BE COMPLETED FOR EACH THERAPY

team arrives.

saturation.

INTRA - PROCEDURE	
✓ Nursing communication Parameters to be met prior to administration of cyclophosphamide, if any parameters are not met, notify ordering provider: WBC > or = 4, ANC > or = 1,500 specific gravity < 1.010 Urine HCG is negative	000
☑ Physician communication order Mesna dose = 20% of cyclophosphamide dose and ondansetron dose = 0.15 mg / kg (maximum 8 mg)	
☑ mensa, ondansetron RTA 0.15 mg / kg in dextrose 5% 50 mL infusion INTERVAL: Every visit DURATION: Until discontinued	
INTRAVENOUS, at 100 mL / hour, EVERY 4 HOURS, for 3 doses, administer over 30 minutes. Mesna dose = 20% of cyclophosphamine dand ondansetron dose = 0.15 mg / kg (maximum 8 mg), give at hours 1, 5, and 9, with IVF starting at hour 0. Dose:	ose
☑ Physician communication order Cyclophosphamide dose = 500 - 1,000 mg / m² / dose. Please enter the dose of cyclophosphamide in 'mg' to facilitate prior authoriza requirements.	tion
cyclophosphamide in dextrose 5% 100 mL infusion INTERVAL: Every 4 weeks INTRAVENOUS, ONCE, starting 0.5 hours after treatment start time, administer over 1 hour. Dose:	d
Therapy Appointment Request Please select department for the therapy appointment request:	
Expires in 365 days Dallas Special Procedures Plano Infusion Center Dallas Allergy Dallas Transplant Dallas Neurology	
EMERGENCY MEDICATIONS	
✓ Nursing communication	
Hives or cutaneous reaction only – no other system involvement PATIENT IS HAVING A DRUG REACTION:	
 a. Stop the infusion b. Give diphenhydramine as ordered c. Check heart rate, respiratory rate and blood pressure every 5 minutes until further orders from provider. d. Connect patient to monitor (cardiac / apnea, blood pressure and oxygen saturation) if not already on one e. Notify provider for further orders 	
2. Hives or cutaneous reaction plus one other system, i.e. abdominal cramping, vomiting, hypotension, altered mental status, respiral distress, mouth / tongue swelling PATIENT IS HAVING ANAPHYLAXIS:	tory
 a. Stop the infusion b. Call code – do not wait to give epinephrine c. Give epinephrine as ordered d. Notify provider e. Check heart rate, respiratory rate and blood pressure every 5 minutes until the code team arrives. f. Connect patient to monitor (cardiac / apnea, blood pressure and oxygen saturation), if not already on one. g. Give diphenhydramine once as needed for hives 	

h. May repeat epinephrine every 5 minutes x 2 doses for persistent hypotension and respiratory distress with desaturation until code

i. May give albuterol as ordered for wheezing with oxygen saturation stable while waiting for code team, continue to monitor oxygen



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EMERG	NCY MEDICATIONS, CONTINUED
	Hypotension is defined as follows: 1 month to 1 year – systolic blood pressure (SBP) less than 70 1 year to 11 years – systolic blood pressure (SBP) less than 70 + (2 x age in years) 11 years to 17 years – systolic blood pressure (SPB) less than 90 OR any age – systolic blood pressure (SPB) drop more than 30% from baseline. Baseline systolic blood pressure x 0.7 = value below defined as hypotension.
	PHrine Injection Orderable For Therapy Plan LE / EPI - PEN JR. / EPI - PEN) 0.01 mg / kg
distre: Use c	g / kg, INTRAMUSCULAR, EVERY 5 MINUTES PRN, for anaphylaxis and may be repeated for persistent hypotension and respiratory s with desaturation until the code team arrives, for 3 doses ution with PIV administration. This solution has a pH < 5, or a pH > 9, or an osmolality > 600 mOsm / L.
☐ Cardi Ratio	/ Respiratory Monitoring ale for Monitoring: High risk patient (please specify risk) Clinically significant cardiac anomalies or dysrhythmias Recent acute life-threatening event Unexplained or acutely abnormal vital signs Artificial airway (stent, tracheostomy, oral airway) Acute, fluctuating or consistent oxygen requirements Monitor Parameters (select all that apply): Heart rate Oxygen saturation Respiratory rate Telemetry Required: Yes No
☐ diphe	hydrAMINE injection
1 mg / Dos e	kg, INTRAVENOUS, ONCE PRN, for hives or cutaneous reaction, for 1 dose maximum dose = 50 mg per dose, 300 mg per day.
0.25 r	rol for aerosol g / kg, INHALATION ONCE PRN, for wheezing, but oxygen saturations stable while waiting for code team, continue to monitor oxygen on for 1 dose :
POST-P	ROCEDURE
Flush Flush Disco	g communication PIV or IVAD with 20 mL 0.9% sodium chloride (250 mL bag) at the completion of the infusion. VAD with saline and heparin flush per protocol prior to de-accessing IVAD. tinue PIV prior to discharge on the last day of infusion. n chloride 0.9% infusion VENOUS, ONCE, for 1 dose
	:
100 - de-ac	n flush 100 unit / mL flush 300 Units, INTRAVENOUS, PRN, IV line flush. Per protocol, heparin should not be used to flush peripheral IVs. For use only when essing IVADs. :
	g communication ge with instructions to have aggressive fluid intake over the next 24 hours.
	(circle one): MD DO
Signature	of Provider Credentials Date Time
Drintod N	mo of Provider

Printed Name of Provider